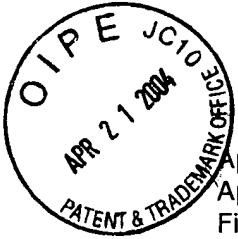


Application No.: 09/944,261  
312 Amendment Dated: April 19, 2004

KUM-105US



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appln. No: 09/944,261  
Applicant: Pushpangadan et al.  
Filed: August 31, 2001  
Title: CUSTOM MADE HERBAL HEALTH PROMOTIVE FORMULATION FOR FEMALES/EXPECTANT MOTHERS (as amended)  
TC/A.U.: 1654  
Examiner: Randall O. Winston  
Confirmation No.: 1025  
Docket No.: KUM-105US

**AMENDMENT UNDER SECTION 1.312**

***Mail Stop Issue Fee***

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Notice of Allowance dated March 23, 2004, please amend the above-identified application as follows:

- ☐ **Amendments to the Specification** begin on page \_\_\_\_\_ of this paper.
- ☒ **Amendments to the Claims** are reflected in the listing of claims which begins on page **2** of this paper.
- ☐ **Amendments to the Drawings** begin on page \_\_\_\_\_ of this paper and include an attached replacement sheet(s).
- ☐ **Amendments to the Abstract** are on page \_\_\_\_\_ of this paper. A clean version of the Abstract is on page \_\_\_\_\_ of this paper.
- ☒ **Remarks/Arguments** begin on page **4** of this paper.

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)


Total Number of Pages in This Submission

Application Number	09/944,261
Filing Date	August 31, 2001
First Named Inventor	Pushpangadan et al
Art Unit	1654
Examiner Name	Randall O. Winston
Attorney Docket No.	KUM-105US

**ENCLOSURES (Check all that apply)**

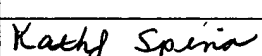
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/Declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts under<br>37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation,<br>Change of Correspondence<br>Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication<br>to Group<br><br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply<br>Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please<br>identify below): return postcard |
|---|--|--|

**Remarks:****SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm or Individual Name	Allan Ratner	Registration No. (Attorney/Agent)	19,717
Signature			
Date	April 19, 2004		

**CERTIFICATE OF TRANSMISSION / MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: April 19, 2004

Typed or printed name	Kathy Spina		
Signature		Date	April 19, 2004

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